

Applying For: Homeless Services Oversight Council (HSOC)

Name: Veatch Danielle N

Last
 First
 Middle Initial

Address: [REDACTED]

Number	Street	City	Zip Code
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Email Address: [REDACTED]

Home Phone: [REDACTED] Business Phone: [REDACTED]

Place an "X" next to the HSOC membership category below which you wish to represent:

____ County Government Service Providers (Behavioral Health, Planning, Social Services, Veterans Services, or Probation)

_____ Non-profit Service Providers

Which area(s) of the county does this organization serve? _____

Affordable Housing Developers

Local K-12 Academic Institution

Local Businesses/Business Organizations

Law Enforcement

Local Health Provider

X Local Faith Community

____ Interested Community (preferentially with homelessness experience)

____ Currently or Formerly Homeless Person

____ Veterans Services Representative

____ Local University or School of Higher Education

Local Hospital

Victims' Services Representative

Please cite your affiliation, as staff member, board member or volunteer, with any community services agency or organization:

Mountainbrook Abolitionists; Mercy Church ; Social Services (previously did fostering); Homeless and Foster Youth Services of San Luis Obispo through the County Office of Education.

Please describe how you qualify for the HSOC category which you have selected above:

As a member of the faith community for over 8 years and a member in the fight against human trafficking for the past three years, I believe I can bring consistent, sound, and holistic perspective and approach to addressing homelessness in the SLO County. I believe my in-depth knowledge of the link

